Population Health Essay

My clinical rotation for population health was a 4-week elective in dermatology at UIC. The clinic population is very diverse and many of the patients do not speak English. About 1/3 of the patients I saw daily spoke primarily Spanish. The main option of communication between doctor and non-English speaking patient was through a translator cart. There was also a medical assistant that worked in the clinic that spoke English and Spanish. The patients, while grateful to be seen, did not always understand what the treatment plan was. Being a Spanish speaker myself, I tried to see as many of the Spanish speaking patients as I could and help bridge the language gap as much as possible. Sometimes family members could be used for communication as well as the Spanish speaking medical assistant. But even with a translator cart, family members, and the medical assistant there were times that communication between doctor and patient was not great especially when other languages came to the clinic from the very diverse Chicagoland area. Dermatology is the second least diverse specialty in medicine and so this type of a problem is not rare.

The other main issue I noticed in the clinic was that many patients could not afford their medications. Most dermatological creams are very expensive and often not covered by insurance. The clinic did have their own pharmacy attached to them where topical medications could be formulated and sold for relatively cheaper rates. That helped a lot of people who probably could not afford the medications otherwise.

Looking back on my experience at the clinic it was a lot different than I thought it would be. I was aware of the lack of diversity in dermatology, but seeing the gap first hand was shocking to me. I can’t imagine living in country where I do not speak the language and trying to get care for a rash or a skin cancer or any other sort of medical disease while barely understanding what the doctor is telling me. It was shocking to see how few resources there were to bridge the gap. There was one translator cart for 12 patient rooms. During my last 2 weeks at the clinic the medical assist was on vacation, so I ended up filling in as a translator even more than the first 2 week and I cannot imagine the challenges had I not been there those 2 weeks. While the language barrier can be improved, I was very impressed with the pharmacy they have and the prices they can offer patients. For the most part the faculty, residents, and nursing staff were empathetic to the problems their patients faced and did what they could to work with patients. They expressed gratitude when I helped them communicate with the patients and seemed to really care about them. Unfortunately, dermatology is a very competitive specialty and until the field is forced to actively seek out a more diverse doctor population, their selection process will likely continue to not accurately reflect the patient population in the United States. The focus continues to be on board scores and other milestones that have no real correlation to a person’s capabilities as a doctor.